

PRIVACY IMPACT ASSESSMENT (PIA)

For the

Traumatic Brain Injury Forms (TBIF)
US Army Medical Command - DHP Funded System

SECTION 1: IS A PIA REQUIRED?

a. Will this Department of Defense (DoD) information system or electronic collectio information (referred to as an "electronic collection" for the purpose of this form) or maintain, use, and/or disseminate PII about members of the public, Federal person	ollect,
contractors or foreign nationals employed at U.S. military facilities internationally? one option from the choices below. (Choose (3) for foreign nationals).	Choose
(1) Yes, from members of the general public.	

(2) Yes, from Federal personnel* and/or Federal contractors.

(3) Yes, from both members of the general public and Federal personnel and/or Federal contractors.

(4) No

- b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.
- c. If "Yes," then a PIA is required. Proceed to Section 2.

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^{* &}quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

SECTION 2: PIA SUMMARY INFORMATION

a.	Why	Why is this PIA being created or updated? Choose one:					
		New DoD Information	tion System	\boxtimes	New Electroni	ic Collection	
		Existing DoD Info	rmation System		Existing Elect	ronic Collection	
		Significantly Modi System	fied DoD Information				
		s DoD information Network (SIPRNE		l in t	he DITPR or the	DoD Secret Internet Protocol	
		Yes, DITPR	Enter DITPR System	Iden	tification Number		
		Yes, SIPRNET	Enter SIPRNET Ident	ificat	ion Number		
	\boxtimes	No					
			Management and E			que Project Identifier (UPI), required ar A-11?	
	·		gratitions constructed and a second	***********	ombanna samasan mana na masa masa manan mana		
	If "Ye	es," enter UPI			-V-hdatt		
		If unsure,	consult the Component	IT B	udget Point of Conta	act to obtain the UPI.	
		this DoD informa Notice (SORN)?	tion system or elec	tron	nic collection req	quire a Privacy Act System of	
	or lawf	acy Act SORN is requi ul permanent U.S. res ation should be consis	idents that is <u>retrieved</u> by	em oi nami	r electronic collection e or other unique ider	contains information about U.S. citizens ntifier. PIA and Privacy Act SORN	
	\boxtimes	Yes	and the state of t	No			
	If "Ye	s," enter Privacy A	Act SORN Identifier		A0040-66b DASG		
		Consult the Compo	ssigned designator, not onent Privacy Office for by Act SORNs at: http:/	additi	ional information or		
		or					
	Date o		ipproval to Defense Fomponent Privacy Office		•		

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Contact the Component Information Management Control Officer or DoD Clearance Officer for this information. This number indicates OMB approval to collect data from 10 or more members of the public in a 12-month period regardless of form or format. Yes **Enter OMB Control Number Enter Expiration Date** X No f. Authority to collect information. A Federal law, Executive Order of the President (EO), or DoD requirement must authorize the collection and maintenance of a system of records. (1) If this system has a Privacy Act SORN, the authorities in this PIA and the existing Privacy Act SORN should be the same. (2) Cite the authority for this DoD information system or electronic collection to collect, use, maintain and/or disseminate PII. (If multiple authorities are cited, provide all that apply.) (a) Whenever possible, cite the specific provisions of the statute and/or EO that authorizes the operation of the system and the collection of PII. (b) If a specific statute or EO does not exist, determine if an indirect statutory authority can be cited. An indirect authority may be cited if the authority requires the operation or administration of a program, the execution of which will require the collection and maintenance of a system of records. (c) DoD Components can use their general statutory grants of authority ("internal housekeeping") as the primary authority. The requirement, directive, or instruction implementing the statute within the DoD Component should be identified. 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. Supplement IV, Appendix 454, as amended, Persons liable for training and service; 42 U.S.C. Chapter 117, Sections 11131-11152, Reporting of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime and TRICARE Program; 10 U.S.C. 1079, Contracts for Medical Care for Spouses and Children; 10 U.S.C. 1079a, CHAMPUS; 10 U.S.C. 1086, Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; E.O. 9397 (SSN); DoD Instruction 6015.23, Delivery of Health care at Military Treatment Facilities (MTFs); DoD Directive 6040.37, Confidentiality of Medical Quality Assurance (QA) Records; DoD 6010.8-R, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Army Regulation 40-66, Medical Record Administration and Health Care Documentation.

e. Does this DoD information system or electronic collection have an OMB Control Number?

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- g. Summary of DoD information system or electronic collection. Answers to these questions should be consistent with security guidelines for release of information to the public.
 - (1) Describe the purpose of this DoD information system or electronic collection and briefly describe the types of personal information about individuals collected in the system

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pat pat sta sec for	tients with Trau tient's medical i te and may be cure database a warded to the I	on template is used by medical providers when conducting patient care activities for matic Brain Injury. Information is captured in the documentation template and saved to the record and stored in a database. The form will be available to providers in a 'read only' used at any time for reference. The data collected in the form will be downloaded to a and then retrieved to create reports. The reports generated will be used by MEDCOM and Defense Veterans Brain Injury Center (DVBIC) to meet reporting requirements. Types of de demographic and medical information.						
	(2) Briefly describe the privacy risks associated with the PII collected and how these risks are addressed to safeguard privacy.							
hea mis	alth information adirected digital	d with the collection, use, and storage of personally identifiable information (PII) and private (PHI) are data loss and/or compromise. Loss or compromise could occur through insecure or transmission, unauthorized access to or unauthorized viewing of a DoD information system, lata-at-rest), or loss of printed copy. Security safeguards are in place to mitigate these risks.						
		the PII be shared through data exchange, both within your DoD Component and conent (e.g., other DoD Components, Federal Agencies)? Indicate all that apply.						
\boxtimes	Within the	DoD Component.						
	Specify.	U.S. Army Medical Command Organizations						
\boxtimes	Other DoD Components.							
	Specify.	Defense and Veterans Brain Injury Center (DVBIC)						
\boxtimes	Other Federal Agencies.							
	Specify.	Defense and Veterans Brain Injury Center (DVBIC)						
	State and Local Agencies.							
	Specify.							

Specify.

Specify.

Other (e.g., commercial providers, colleges).

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Contractor (Enter name and describe the language in the contract that safeguards PII.)

i. Do	individuals hav	e the opportuni	nity to object to the collection of their PII?
\boxtimes	Yes		No No
	(1) If "Yes," des	scribe method by	y which individuals can object to the collection of PII.
Ho	sclosure of PII is vo wever, refusal to p ovide.	oluntary. Service l provide PII could h	Members may object by simply refusing to provide the information. nave an adverse effect on the level of care that a provider is able to
povemnoce	(2) If "No," state	e the reason why	y individuals cannot object.
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enedžarkiji i i i i i i i i i i i i i i i i i i			
NA SCHOOL SECTION AND SECTION			
j. Do i	ndividuals have	the opportunit	ity to consent to the specific uses of their PII?
	Yes		No
Emminoration of the control of the c	(1) If "Yes," des	scribe the method	nd by which individuals can give or withhold their consent.
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[·····	***************************************		y individuals cannot give or withhold their consent.
prin		ormation is to prov	the standard of care for patients with Traumatic Brain Injury. The ovide care to the individual patient. A secondary use of the information
the material described in the second			
-1-methologophamatic			
Shide sector frames.			

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k. What information is provided to an individual when asked to provide PII data? Indicate all that apply. \boxtimes **Privacy Act Statement** Privacy Advisory Other None Describe A Privacy Act Statement regarding all medical care is signed and maintained in the medical record. each applicable PRIVACY ACT STATEMENT - HEALTH CARE RECORDS format. 1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN) Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397. 2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records. 3. ROUTINE USES The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED. This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record. Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.